UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

TEMPORARY

OMB APPROVAL
OMB Number: 3235-0076
Expires: March 15, 2009
Estimated average burden
hours per response. . . . 4.00

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Mail BRACESCARE Section

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Chilton Global Natural Resources International (BVI) Ltd.	WAR O 4 STUA
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment	Wachington, DC 109
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Chilton Global Natural Resources International (BVI) Ltd.	er (Including Area Code)
	er (merdung Area Code)
c/o Chilton Investment Company, LLC, 1266 East Main Street 7th FI, Stamford, CT 06902 (203) 352-4000 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number 2015 (Number 2015) Telephone Number 2015 (N	ber (Including Area Code)
(if different from Executive Offices)	ber (menaning /mea edde)
Brief Description of Business Investing in securities. Type of Business Organization MAR 1 2 2009	
Investing in securities.	in the same of the
MAR 1 9 2000	
Type of Business Organization	
corporation [] limited partnership, already formed [] other (please specify):	
business trust limited partnership, to be the sol of	09004957
Actual or Estimated Date of Incorporation or Organization: O 6 0 5 X Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) FN GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be fi	ted instead of Form D (17
CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 2 comply with all the requirements of § 230.503T. Federal:	n amendment to such a may file in paper format an
Who Must File: All issuers making an offering of securities in reliance on an exception under Regulation D or Section seq. or 15 U.S.C. 77d(6).	4(6), 17 CFR 230,501 et
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given bel address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that it	ow or, if received at that
Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549. Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The	e copy not manually signed
must be a photocopy of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the name of any changes thereto, the information requested in Part C, and any material changes from the information previously support E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securit have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Se each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance Appendix to the notice constitutes a part of this notice and must be completed. ATTENTION	ecurities Administrator in claim for the exemption, a
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversappropriate federal notice will not result in a loss of an available state exemption unless such exemption filing of a federal notice.	

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: ✓ Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Chilton Investment Company, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1266 East Main Street, 7th Floor, Stamford, CT 06902 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Abrecht, Charles Business or Residence Address (Number and Street, City, State, Zip Code) Fairway Investment Partners, Inc. 551 Madison Avenue, 3rd Floor, New York. NY 10022 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Champ III, Norman B. Business or Residence Address (Number and Street, City, State, Zip Code) 1266 East Main Street, 7th Floor, Stamford, CT 06902 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Chilton, Richard L., Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 1266 East Main Street, 7th Floor, Stamford, CT 06902 General and/or Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) DeFfyffer, Louis - Frederic Business or Residence Address (Number and Street, City, State, Zip Code) Heritage Finance & Trust Co., 12 Cours des Bastions, PO Box 3341 1211 Geneva 3, Switzerland Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) McPherson, Steven M. Business or Residence Address (Number and Street, City, State, Zip Code) Teton Associates, 645 Fifth Avenue, 8th Floor, New York, NY 10022 General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Mallon, Patricia Business or Residence Address (Number and Street, City, State, Zip Code) 1266 East Main Street, 7th Floor, Stamford, CT 06902 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Director Managing Partner Full Name (Last name first, if individual) Steinthal, James Business or Residence Address (Number and Street, City, State, Zip Code) 1266 East Main Street, 7th Floor, Stamford, CT 06902 Promoter ☑ Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Wainwright, Jonathan M. Business or Residence Address (Number and Street, City, State, Zip Code) One World Financial Center, New York, NY 10281 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. П	NFORMAT	ION ABOU	T OFFER	ING				
1.									Yes	No Z			
-	Answer also in Appendix, Column 2, if filing under ULOE.								€ 1,00	*00,00			
2.	2. What is the minimum investment that will be accepted from any individual? *may be waived by fund								Yes	No			
3.	Does th	e offering	permit join	t ownersh	ip of a sing	le unit?	•••••••				***************************************	\square	
4.	commis If a pers or state	ssion or sim son to be lis s, list the na	tion request illar remune sted is an ass ame of the b , you may s	ration for s sociated pe proker or de	solicitation erson or age ealer. If me	of purchase ent of a brok ore than five	ers in conne cer or deale e (5) person	ection with r registered ns to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering. with a state		
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, Z	ip Code)	,		·			
Nar	ne of As	sociated Bi	roker or De	aler									
Stat	tes in Wi	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			<u> </u>			•
	(Check	"All State:	s" or check	individua	l States)							☐ Al	l States
	AL IL MT RL	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NI TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	EL ML OH WY	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if ind	ividual)							•	*****	
Bus	siness or	Residence	: Address (l	Number ar	d Street, C	ity, State.	Zip Code)						
Nar	ne of As	sociated B	roker or De	aler									
Stat	tes in Wi	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					<u>.</u>	
	(Check	"All State:	s" or check	individua	l States)							☐ Al	1 States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY YT	DE MD NC VA	DC MA ND WA	EL MI OH WY	GA MN OK WI	MS QR WY	MO PA PR
Full	l Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	: Address (I	Number an	d Street, C	City, State,	Zip Code)						
Nam	c	: D	-al-an an Da	-1								•••	
Nar	ne of As	sociated Bi	oker or De	aler									
Stat	tes in Wi	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers				•		
	(Check	"All States	s" or check	individual	States)						•••••	☐ Al	1 States
	AL IL MT RL	AK IN NE SC	AZ LA NV SD	AR KS NII TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	EL MI OH WY	GA MN OK WI	MS OR WY	ID MQ PA PR

C.	OFFERING	PRICE,	NUMBER	OF	INVESTORS,	EXPENSES	AND	USE	OF	PROCEEDS
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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity		\$ 1,738,819,266
	Common Preferred		<u> </u>
	Convertible Securities (including warrants)	s	s
	Partnership Interests	s	s
	Other (Specify)	s	s
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE,		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		s
	Regulation A		\$
	Rule 504		\$
	Total		\$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees		\$_1,052,182
	Accounting Fees		\$ 730,718
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		s
	Total		§_1,782,900

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE O	F PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question I and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted group proceeds to the issuer."	ss	\$_4,998,217,100
5 .	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate an check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	nd	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	🔲 \$	\$
	Purchase of real estate	_	
	Purchase, rental or leasing and installation of machinery		
	and equipment		
	Construction or leasing of plant buildings and facilities	🗌 \$	
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Repayment of indebtedness		_
	Working capital		
	Other (specify):	. 🗆 \$	[] <u>2</u>
		r •	
		_	_
	Column Totals	🔲 \$	\$ 4,998,217,100
	Total Payments Listed (column totals added)	🗸 \$ <u>4,9</u>	98,217,100
_	D. FEDERAL SIGNATURE		
igi	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice to be signed by the instance constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comme information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ission, upon writte	le 505, the following n request of its staff
SSL	uer (Print or Type) Signature A	Date	
	ilton Global Natural Resources International (BVI) Ltd.	March 2,2	1009
lar	me of Signer (Print or Type) Title of Signer (Print or Type)		
an	mes Steinthal Vice President		